

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/070218

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3					1	
4						1
5						
6				1		
7					1	
8						1
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44					1	
45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.			1			
TOTAL DEP.				1		
TOTAL CLAIMS					1	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52						
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97						
98						
99						
100						
TOTAL IND.		5				
TOTAL DEP.		47				
TOTAL CLAIMS		52				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3631